

MARYLAND OFFICE OF HOME ENERGY PROGRAMS

Applicant's Name: _____

Social Security #: _____

Declarer's Name: _____

(If other than the Applicant)

Check (✓) which applies below:

___ I do certify that I had no income of my own in the last 30 days. (Complete Resource Provider Form)

___ I do certify that I am self employed.

Amount	Source of Income Declared
\$	Self employment
\$	TOTAL

I swear (or affirm) that all information on this declaration is true, correct and complete to the best of my ability, knowledge and belief.

I give permission to the Office of Home Energy Programs (OHEP) and/or the Office of the Inspector General (OIG) to check all household income, bank accounts, housing expenses, insurances and any other benefits and for other governmental/non-governmental agencies to give and/or receive information from OHEP needed to complete this application.

Maryland has a fraud law. Punishment can occur for not telling the truth when applying for assistance to pay home energy costs.

I understand that I will be penalized by fine and/or imprisonment for giving false statements. My signature below makes this statement binding.

When this form is completed by other than the applicant, the signer agrees to report to the local agency any changes of which he is aware in the financial circumstances of the applicant or in his relationship to the applicant.

Declarer's Signature Date Signed

Intake Worker's Signature Date Signed